U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Facture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Vie Only
	ATT 9 TT
Ε	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

1. File Number U - 300 5

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

,	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number and address of labor organization.	
Name Brian Wooten	Name IBEW Local Union 569	
	Labor Organization File Number 034354	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 16160 Turteleback Road	Street 4545 Viewridge Avenue, #100	
City San Diego	City San Diego	
State California ZIP Code + 4 92127	State California ZIP Code + 4 92123-1633	
5. Position in labor organization. Executive Board Member		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		

Signature

ZIP Code + 4

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	nying docu	ments), has been exa	amined by the signatory and is, to the best of the
Signed Alu P Was	On	08/6/2005	(858) 569~8900
		Date	Telephone Number

Trade Name, if any:

Street

City

State

P.O. Box, Bldg., Room No., if any

<u></u>	
Name of Person Filing Brian Wooten	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, cr irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name San Diego Electrical Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 231219 Street City San Diego State California ZIP Code + 4 92194 - 1219 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Appointed by IBEV Local 569 as a labor Trustee.
Street	11.b. Approximate dollar value of such dealing. \$0
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Expenses for required attendance at scheduled Board of Trustees meetings and educational conferences.
	12.b. Amount. \$1,970
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State

File Number U-

Part B Continuation Page

Name and address of Business (including trade name, if any).		9. Business deals with:	
Name San Diego Electrical Pension Trust Trade Name, if any:		\chi a. Labor Organization	
		a. Labor Organization	
P.O. Box, Bldg., Room No., if any PO	Box 231219	b. Trust	
Street		c. Employer	
	7(D Codo + 4 - 00104 - 0010		
State California	ZIP Code + 4 92194-1219	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or	employer's name		
Name		Appointed by IBEN Local 569 as a labor Trustee	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0	
		12.a. Nature of interest held or income received.	
		Expenses for required attendance at scheduled Board of Trustees meetings and educational conferences.	
		12.b. Amount. \$5,139	
		L	

File Number U-

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name San Diego Electrical Training Trust Trade Name, if any: P.O. Box, B'dg., Room No., if any Street City State ZIP Code + 4	→ a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Appointed by IBFW Local 569 as a Labor Trustee.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received. Reimb. of lost wages and fringes.
	12.b. Amount. \$1,501

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with	
Name San Diego Electrical Training Trust		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 4675 Viewridge Ave, Suite #D	c. Employer	
City San Diego		
State California ZIP Code + 4 92123		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Appointed by IBFW Local 569 as a Labor Trustee.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0	
	12.a. Nature of interest held or income received.	
	Meals during monthly meetings and graduation ceremony tickets.	
	12.b. Amount. \$84	

File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name San Diego Elec. Training Admin. Svcs Corp.	x a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any	b. Trust	
Street 4675 Viewridge Ave, Suite #D	c. Employer	
City San Diego		
State California ZIP Code + 4 92123		
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.	
Name	Appointed by IBFW Local 569 as a Labor Trustee.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dolla: value of such dealing. \$0	
	12.a. Nature of interest held or income received.	
	Reimbursement of Lost wages.	
	12.b. Amount. \$58	

Name of Person Filing Brian Wooten File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with	
Name San Diego Elec. Training Admin. Svcs Corp.	x a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 4675 Viewridge Ave., Suite #D	c. Employer	
City San Diego		
State California ZIP Code + 4 92123		
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.	
Name	Appointed by IBEW Local 569 as a Labor Trustee.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0	
	12.a. Nature of interest held or income received.	
	Meals provided during monthly meetings.	
	12.b. Amount. \$31	

File Number U-

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with
Name Sierra Investment Partners	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	× b. Trust
Street 101 Ygnacio Valley Rd, #300	c. Employer
City Walnut Creek	
State California ZIP Code + 4 94596	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name San Diego Electrical Pension Trust	Investment manager.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any PO Box 231219	
Street	
City San Diego	
State California ZIP Code + 4 92194-1219	11.b. Approximate dollar value of such dealing. \$756,641
	12.a. Nature of interest held or income received.
	Group dinner at an educational conference and a bottle of wine.
	12.b. Amount. \$166